



North Bay Village

Building Department

1666 Kennedy Causeway, Suite 101 North Bay Village, FL 33141

Tel: (305) 754-6740 Fax: (305) 756-7722 Website: www.nbvillage.com

CERTIFICATE OF OCCUPANCY **REQUIREMENTS CHECKLIST** **(CO/TCO)**

- CO or TCO Application
- Affidavit of Construction – Contractor
- Affidavit of Acceptance – Architect
- Affidavit of Compliance – Structural
- Affidavit of Fire Penetration – 2 Story Home / All Commercial
- Affidavit of Owner
- Affidavit of Compliance (ADA) Architect – Multifamily / Commercial
- Elevator Form (Miami Dade County) – All Elevators
- Final Inspections (Building Department)
- Final Fire Inspection – All OCC (except single family)
- Final Zoning Inspection
- Insulation Certification
- Threshold Daily Report – Where Special Inspectors Perform Inspections
- Windows & Sliding Glass Door Certification
- Soil Poisoning Certification
- Balcony Rail Inspections – All Balcony and Stairs Railings
- Final Survey & Elevation Certificate
- DERM Final – All OCC (except single family)
- Public Works Final



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APPLICATION FOR TEMPORARY/PERMANENT CERTIFICATE OF OCCUPANCY/COMPLETION

Date: _____ Folio Number: _____

Building Permit Number: _____ Square Footage of Unit: _____

Contracting Company: _____

Owner: _____

Lot: _____ Block: _____ Subdivision: _____

Street Address: _____

Signature of applicant verifies above information is true and correct. This Certificate of Occupancy is issued to the above named, for building at above named location only upon the express provisions that the applicant will abide by and comply with all conditions of the Zoning ordinances and all Ordinances or Building Codes of North Bay Village pertaining to the erection, construction or remodeling of buildings or structures. This also certifies that the electrical wiring and/or equipment, and the plumbing work has been inspected and approved.

Print Name of Applicant or Qualifier

Signature of Applicant or Qualifier

For Office Use:

- TCO Number: _____
- C/O Number: _____
- TCC Number: _____
- C/C Number: _____

Fee: \$ _____
 Interim Fee: \$ _____
 Total Due: \$ _____

Approved Use for Occupancy: _____

Remarks: _____

Inspection Finals:

- Zoning: _____ Yes _____ No
- Building: _____ Yes _____ No
- Electrical: _____ Yes _____ No
- Mechanical: _____ Yes _____ No
- Plumbing: _____ Yes _____ No
- Fire: _____ Yes _____ No
- Public Works: _____ Yes _____ No

Customer Service Representative



**North Bay Village
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FIRE PENETRATION AFFIDAVIT

Ref: Permit No.: _____

Job Address: _____

I, _____, the qualifying agent for _____,
CC No. _____ hereby certify that all penetrations through walls,
ceilings, floors and other barriers, resulting from the passage of pipes, conduits, bus ducts,
cables, wires, air ducts, pneumatic ducts, and penetrations from similar building service
equipment installed in connection with the above permit has been protected by approved
materials or devices meeting the acceptance criteria of AMERICAN SOCIETY FOR TESTING
MATERIAL E814 and have been installed by qualified persons in accordance with the
manufacturers' specifications and in compliance with the Florida Building Code.

Print Name and Title

Signature

Witnesses:

Print Name

Signature

Print Name

Signature

Acknowledgement

State of Florida, County of _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: ____ / ____ / _____

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number:
City	State	ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number			B2. County Name		B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: ____ / ____ / ____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: _____ Vertical Datum: _____	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
<input type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name		License Number	
Title	Company Name		
Address	City	State	ZIP Code
Signature	Date	Telephone	

PLACE
SEAL
HERE

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
City	State	ZIP Code	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Signature _____ Date _____

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ . _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.



North Bay Village Building Department

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INSULATION CERTIFICATE

Building Permit Number: _____

Project Name: _____

Job Address: _____

Statement of Compliance

We, the undersigned, hereby certify that the THERMAL INSULATION has been installed in the above referenced project, in compliance with the latest edition of the STATE OF FLORIDA ENERGY CODE the APPROVED ENERGY CALCULATIONS and plans, and in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Check only applicable boxes)

- 1. Exterior CBS Walls Insulation: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 2. Exterior Frame Metal Stud Walls: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 3. Exterior Solid Concrete Wall: R-_____ (min.)
- 4. Interior Walls Separating A/C from Non-A/C Spaces Insulation:
R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 5. MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY: The COMMON (Partly) walls separating different tenants shall be insulated as follows:
FRAME/METAL STUD WALL R-11 (min) CBS or Concrete walls R-3 (min) by Energy Code requirements. See ENERGY CODE, Rev. 1/87, Paragraph 903.2(b), on page 9-17, latest edition. These "minimums level of insulation" are not included in the Energy Calculations, but shall be installed in the field.
- 6. Above deck type-ROOF INSULATION: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 7. Ceiling Insulation: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 8. NOTE: Densities of sprayed-on, loose fill, or any other composed-on-site insulation shall be the P.C.F. (lb/ft 3) average of three (3) "DRY SAMPLES" of actual installation.

Make photocopies of this sheet in your office, as required for future jobs.

Installed by: _____
Insulation Company Name

Insulation Contractor's Signature

Insulation Contractor's CC#: _____

Certified on: ____/____/____

O.C./Builder: _____
Company Name

G.C./Builder's Signature

Building Contractor's CC#: _____

Certified on: ____/____/____



NORTH BAY VILLAGE

TERMITE DAMAGE PREVENTION Florida Building Code Section 104.2.6

CERTIFICATION OF PREVENTATIVE SUBTERRANEAN TERMITE SOIL TREATMENT

Owner: _____

Lot: _____ Block: _____ Subdivision: _____

Street Address: _____

Developer: _____

General Contractor: _____

	Square Footage	Date of Treatment
Main	_____	_____
Garage	_____	_____
Porches	_____	_____
Pool/Patio	_____	_____

Material Used & Type of Treatment

Comments

Certification Signed

Name of Pest Control Contractor

State License Number

*****This form must be completed and filed with the North Bay Village Building Official before a Certificate of Occupancy can be issued.***



NORTH BAY VILLAGE

Sample Affidavit of Construction

THIS DOCUMENT MUST BE PREPARED ON STATIONARY WITH THE PERMIT HOLDER LETTERHEAD BY THE PERMIT HOLDER OF RECORD.

[DATE]

North Bay Village
Building Department
1666 Kennedy Causeway, Suite 101
North Bay Village, FL 33141

Re: [OWNER'S NAME]
[ADDRESS OF PROJECT]
[PERMIT NUMBER]
[CONTRACTOR'S NAME]

Dear [BUILDING OFFICIAL'S NAME]:

I [PERMIT HOLDER] hereby certify that to the best of my knowledge, belief and professional judgement, the structure(s) is in compliance with the approved plans and other approved documents. I also attest that to the best of my knowledge, belief and professional judgement the approved permit plans represent the as-built condition of the structure and that those inspections which are required to be performed by the Building Official for the work involved have been performed in accordance with Section 105 of the Florida Building Code.

This document is being prepared in accordance with Section 105 of the Florida Building Code and is being submitted to North Bay Village Building Department at the time of the final inspection for the above referenced structure.

Should you have any question or need additional information, please do not hesitate to contact me at

_____.

Sincerely,
[QUALIFYING AGENT]

Signature of Qualifying Agent

Print Name

State of _____

County of _____

Sworn to and subscribed before me this _____

Day of _____, 20____

By: _____

SEAL

Personally Known: ____ Produced Identification: ____

Type of Identification: _____